

REGISTRATION FORM

Please register me for the “FTZ Operations Training” course. (Use one registration form for each person). I understand registration is on a first-come-first-serve basis and that I will be informed of which session date I will be attending.

Please Print Requested Information Below

Name: _____ Title: _____

Company Name: _____

If broker representative, what User do you represent: _____

Mailing: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail address: _____

Please mail or fax registration form to:

Foreign-Trade Zone No. 68

5B Butterfield Trail Blvd. El Paso, TX 79906

fax (915) 772-2491

For more information, contact Susie Flores at (915) 771-6016 or

email: floressx@ci.el-paso.tx.us